

SCRUTINY REPORT



MEETING: Health Scrutiny Committee

DATE: 25th January 2023

SUBJECT: Disaggregation of clinical services from the previous Pennine Acute Hospitals Trust footprint

REPORT FROM: Moneeza Iqbal, Director of Strategy

CONTACT OFFICER: Will Blandamer, Executive Director, Health and Adult Care

1.0 BACKGROUND

In 2021, MFT acquired the North Manchester General Hospital (NMGH) site, and Salford Royal Foundation Trust (SRFT) acquired the remaining sites of PAHT, creating the NCA. Since then, due to the way in which digital systems and clinical rotas operate, there are some services which operate across the two providers which have not yet been 'disaggregated'. This means that the services still need to be split between the two organisations using an agreed set of principles: including splitting of the workforce, budget and waiting lists.

2.0 ISSUES

This paper provides an update about the work to date to split key services between the providers, and in particular to highlight those areas where this could potentially mean a change to the location where patients access services. It describes the process and criteria used to determine the best solution that ensures services previously part of PAHT continue to be safely delivered by the NCA and MFT respectively. Fundamentally, this process aims to deliver better care for patients through establishing services that are safe and sustainable, but also that use the best evidence available and operate as close to the patient as possible.

In the coming months, there are some key services that will go through this process of disaggregation including Cardiology, Gastroenterology, Urology and Rheumatology. Largely these changes will mean patients can choose to access services from an NCA site or from a MFT site. Initial assessment suggests there is minimal change for Oldham residents for these services.

3.0 CONCLUSION

Scrutiny Committee is asked to receive the report updating on the progress to disaggregate services from PAHT between the NCA and MFT, and to support the approach described to identify and agree the best option for our population.

List of Background Papers:-

Urology Reconfiguration – Health Scrutiny Committee Tuesday 18th January 2022

Contact Details:-

Moneeza Iqbal, Director of Strategy, Northern Care Alliance NHS Foundation Trust

Sophie Hargreaves, Director of Strategy, Manchester University Hospitals NHS Foundation Trust

Introduction and Purpose

This document presents an update regarding the dissolution of the former Pennine Acute Hospitals Trust (PAHT) and re-provision of services by both Manchester University NHS Foundation Trust (MFT) and the remainder of the PAHT sites into the Northern Care Alliance (NCA). In particular, planned service changes in the context of previously agreed decisions taken in Greater Manchester to disaggregate services from the legacy PAHT and integrate North Manchester General Hospital (NMGH) into MFT and the remainder of the PAHT sites into the NCA.

The paper provides the following:

- A reminder about the background to the acquisition of the Pennine Acute Hospitals Trust
- An overview of the disaggregation approach and context of complex services
- A high-level assessment of the likely impact on Bury patients

Strategic Context

In January 2016, healthcare partner organisations in Manchester commissioned an independent review of the disposition and organisation of hospital services. This review concluded that the most effective route to achieve clinical, safety and efficiency benefits was to create a single hospital trust for Manchester. The findings of the report were endorsed by all the participating organisations.

At the same time, PAHT was facing significant challenges. Following many years of financial difficulties, a CQC inspection identified material problems with standards of care, and in August 2016 the Trust was rated as Inadequate. The NHS Improvement regional team undertook an option appraisal in respect of the long-term future of PAHT, and this concluded that the preferred option was for NMGH to be acquired by MFT, and for the other PAHT sites to be acquired by SRFT. MFT formally acquired the NMGH site and services through a commercial transaction on 1 April 2021, and SRFT acquired the remaining elements of PAHT through a statutory transaction on 1 October 2021 and became the Northern Care Alliance (NCA).

MFT and the NCA developed business cases to support the acquisitions, and these recognised the potential to deliver benefits through integrating former PAHT clinical teams into larger single services operating across the Manchester and NCA footprints respectively. However, both business cases also identified the significant legacy challenges in the former PAHT services, particularly in relation to financial sustainability and the need to invest in infrastructure (including Estate and Digital).

In its 15 years of independent operation there was some significant integration of services across the PAHT sites. The process of disaggregating these is therefore complex. MFT and the NCA have strong post-transaction joint working arrangements with significant progress-to-date and are continuing to work through these structures to agree the most appropriate timing and approach for disaggregation of these complex service arrangements.

NCA and MFT are progressing their plans for investment in the former PAHT sites and services, including new and improved buildings, equipment and information systems. On digital investment, MFT successfully rolled out the new electronic patient record (EPR) across the Trust (including NMGH) in September 2022.

Without the implementation of integrated information systems within the new organisations it will not be possible to operate single services effectively, and the benefits of organisational integration will not be optimised.

Disaggregation

Overview

At the time of the transaction, it was agreed to minimise any changes in clinical/patient pathways for 'Day 1' as a means of ensuring a safe and smooth transition. To support this agreement, a series of Service Level Agreement (SLA) arrangements were put in place to oversee the delivery of patient pathways across the North Manchester, Bury, Oldham and Rochdale hospital sites. However, both MFT and the NCA have agreed that, over the coming months and years, the SLA arrangements should be wound down and accompanied by the sustainable integration of NMGH services into MFT and Bury/Oldham/Rochdale services into the NCA. This process is often referred to as the 'disaggregation' of legacy PAHT services and has been ongoing since the transactions were completed in 2021.

The process of disaggregation has required significant collaboration and co-operation between the NCA and MFT. It is a complex and wide-ranging piece of work that has implications across a variety of areas including workforce, IM&T, finance and governance. The work to disaggregate services must be handled carefully and with due regard to minimising the impact on patients, and staff. The initial work to disaggregate services was overseen by the legacy PAHT Board and was also evaluated by NHSEI as part of the Transaction Review process.

For each specialty or pathway that is being disaggregated, a working group of clinical experts in that specialty is convened to review the current service and develop the best clinical model, whilst a range of information including patient feedback, clinical outcomes and equality analysis is analysed to understand which options will deliver the best model for patients.

Progress

At the time of the transactions, approximately 90 SLA arrangements were in place across a range of clinical and corporate areas. As of October 22, approximately half of these arrangements had been stood down. The SLAs that have been concluded to date represent the most straightforward disaggregation processes that have impacted low numbers of staff and have not required any changes to patient pathways.

A recent catalyst for change has been the introduction of MFT's new electronic patient record (EPR) programme in September 2022 which brought the North Manchester site, and other hospitals within MFT, together under one system called HIVE. Until that point, NMGH, while being run by MFT, was part of the previous digital infrastructure supporting PAHT. Key services including Clinical Haematology, Sleep services and Foetal Medicine pathways were disaggregated prior to 'go live' of this new system to ensure that patients could be safely managed within one system. For patients accessing these services this has meant either remaining under the care of an NCA, or ex-PAHT service, or choosing to move under the care of an MFT clinical team. For example, Clinical Haematology services are based at the Royal Oldham Hospital, however some patients living in North Manchester were able to move their care to newly created pathways delivered from North Manchester General by MFT.

These changes were considered by Scrutiny committees in the affected localities, in July 2022 and followed the agreed GM Service Change Framework – see appendix 1.

PAHT Complex Services

The processes of disaggregating services from the legacy PAHT footprint have benefitted from excellent working relationships between MFT and NCA. Whilst good progress has been made, there are a residual set of services that present the most complex challenges in respect of service disaggregation.

These are services that will potentially require a change in location or change in patient flows. As such, there has been strong engagement and early discussions with all relevant commissioners / localities¹ through a series of large-scale meetings and close working with all partners to ensure a collaborative approach to developing service change proposals.

4.1 Which services are affected?

The following services are to be disaggregated in the next wave. This means that the services are split between the two organisations using an agreed set of principles. This includes splitting of the workforce, budget and waiting lists. In the main, service provision remains the same however there will be some elements of service change to ensure alignment of services to each respective organisation. Furthermore, in the majority of cases services will be provided within both the NCA and MFT offering patients the choice of which service to access.

Phase 2 – changes to be made by September 2023 and current estimate of patient numbers impacted

- Cardiology - estimate impacts 400 to 600 patients in total
- Gastroenterology – Numbers to be confirmed
- Rheumatology – Numbers to be confirmed
- Urology – 6 specialist pathways affecting 10 to 100 patients

(This last specialty Urology builds upon previous work and developments shared with the Bury Health Overview Scrutiny Committee (HOSC) describing planned changes to improve the quality and outcomes of Urology services. This was part of an Elective Care Programme update)

Phase 3 – changes to be made after September 2023

- Ear, nose and throat (ENT)
- Urology – further pathways
- Trauma & Orthopaedics
- Vascular Surgery

4.2 Providing the best care for our population

The integration of these services into MFT and NCA single services respectively, maximises the opportunity to realise the benefits envisaged in the organisational restructuring of PAHT as determined by NHS Improvement. Moreover, it delivers safe and clinically sustainable service for the populations of Bury, Oldham, Rochdale and North Manchester.

For each service or clinical pathway, the following steps are taken,

- A joint working group of clinicians is established to oversee development and agreement of clinical models.
- This group works jointly to understand the options for safely integrating or re-providing services within MFT and NCA and develop proposals which support the following,
 - Quality
 - Health inequalities
 - Efficiency - reduction in waiting times as well as being delivered within existing costs
 - Patient experience
 - Deliverability e.g., we have the right workforce
 - Travel and access for the population
 - Strategic fit e.g., alignment with any wider clinical decisions such as GM Cardiac pathways

¹ Manchester, Bury, HMR, Oldham, Trafford, Salford and Specialist Commissioning

The process will include a review of a long list of options, followed by a detailed appraisal of shortlisted options, with clinical consensus on the preferred way forward. These service change proposals will follow the Service Change Framework agreed by the Greater Manchester Integrated Care Board (GM ICB) including an assessment of whether they constitute 'substantial variation'. See appendix 1 for the Service Change Framework. Scrutiny committee will be asked to consider these service change proposals in the spring of this year.

In relation to the travel time analysis - a detailed travel analysis will be undertaken to understand the impact of the proposed changes on the NMGH catchment population. This will consider the impact for residents living in the catchment area on journey times by car and public transport (including bus, tram and a combination of the two). The analysis will also consider the impact on the cost of travel.

In relation to patient engagement – a range of existing feedback on the services affected, as well as use of routes such as engagement with key patient groups is being undertaken to understand more about how any potential changes to pathways should be made, and how these can improve patient experience.

4.3 What does this mean for the Bury population?

For the Bury population, typically the key hospital sites patients use depends on the part of Bury they live, and therefore which is closest. This means that some patients access the Royal Bolton Hospital, a large number access services at Fairfield General Hospital, which is part of the Northern Care Alliance FT, and those in the South of Bury are more likely to access services at the North Manchester General Hospital site. When services are disaggregated, or separated, from what was the PAHT footprint, services at North Manchester General become part of wider MFT pathways.

Patients who are referred to a clinic at North Manchester General will be under the care of MFT and therefore, which may include services at other MFT sites, including Manchester Royal Infirmary. The changes being made will not affect where patients access outpatient clinics, but will affect where any follow on care as part of that pathway is delivered.

Table 1 below summarises our current understanding of the impact on Bury patients.

Table 1: High level estimated impact on Bury

Specialty	Impact on Bury
Cardiology	Patients from Bury (as well Rochdale, Oldham and North Manchester) requiring specialist cardiac intervention are largely seen at Fairfield General Hospital's Silver Heart Unit. There are no changes to the service provided in Bury, however, in the future a patient who is referred to North Manchester General to see a cardiologist would receive their specialist cardiac intervention at another MFT site, rather than at Fairfield General Hospital.
Gastroenterology	Plans are being developed to integrate the NMGH gastroenterology service within the MFT Group. This will allow residents in the NMGH catchment who require inpatient care to be treated within MFT instead of the Royal Oldham Hospital as at present. Residents of Bury will continue to receive inpatient gastroenterology care at the Royal Oldham, but some in South Bury who would normally access North Manchester General will be offered to receive care at this site.
Rheumatology	Patients from Bury access Rheumatology outpatients at Fairfield General Hospital, and for a small number requiring a specialist procedure attend the Rheumatology Unit at Rochdale Infirmary. As part of developing a pathway

	within MFT which includes NMGH, there will be new Rheumatology pathways created linked to wider MFT sites. For some Bury patients who choose to be seen at North Manchester General, they may receive relevant medical procedures at MRI
Urology	<p>In implementing previously agreed Greater Manchester changes to Urology pathways, MFT will develop inpatient provision to support the North Manchester site within MFT organisation. The first step of this change will see choice increased as some very highly specialist Urology pathways are provided at an additional site with MFT, as well as at the Royal Oldham Hospital site.</p> <p>This will build upon pathway changes NCA will enact which have previously been considered by Bury Health Scrutiny Committee in January 2022.</p>

5. Next steps and recommendation

Over the coming months clinical colleagues at MFT and NCA will continue to work together to develop the clinical pathways described above. We plan to undertake a more detailed analysis of the preferred options, including equality analysis, travel analysis and patient feedback. This will enable an assessment of whether any of these changes constitute a substantial change.

Bury Health Overview and Scrutiny Committee is asked to support the approach described to identify and agree the best options and endorse the progress MFT and NCA have made to disaggregate services from the legacy PAHT footprint. The service change proposals will be shared with Bury Health Overview and Scrutiny Committee in the spring.

Appendix 1: Service Change Framework for GM ICB

